

## FINANCIAL AFFIDAVIT

CJA 23  
(Rev. 5/98)

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES  MAGISTRATE  DISTRICT  APPEALS COURT  OTHER PANEL (Specify below)  
IN THE CASE OF

UNITED STATES VS. JONES

FOR NORTHERN DIST, IL  
AT

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

JASON JONES  
FILEDCHARGE/OFFENSE (describe if applicable & check box →)  Felony  Misdemeanor

JUL 8 2008

July 8, 2008  
MICHAEL W. DOBBINS

1  Defendant - Adult  
 2  Defendant - Juvenile  
 3  Appellant  
 4  Probation Violator  
 5  Parole Violator  
 6  Habeas Petitioner  
 7  2255 Petitioner  
 8  Material Witness  
 9  Other (Specify)

DOCKET NUMBERS

Magistrate

District Court

08cr452-9  
Court of Appeals

08cr 452-9

## ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOY- MENT	Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Am Self Employed				
	Name and address of employer: Pacific Tax Consultants				
	IF YES, how much do you earn per month? \$ 4200.00				
ASSETS	IF NO, give month and year of last employment				
	How much did you earn per month? \$				
	If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
OTHER INCOME	IF YES, how much does your Spouse earn per month? If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$				
	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	RECEIVED SOURCES				
CASH	IF YES, GIVE THE AMOUNT				
	RECEIVED & IDENTIFY \$				
	THE SOURCES				
PROP- ERTY	IF YES, GIVE THE VALUE AND \$				
	DESCRIBE IT				
	VALUE DESCRIPTION				
OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents 2	List persons you actually support and their relationship to them	
	DEBTS & MONTHLY BILLS	APARTMENT OR HOME: HOME	Creditors	Total Debt	Monthly Payt.
	LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.	LIFE OF CREDIT (PARENTS) MASTER CARD (CRAIG) VISA (CRAIG)		\$ 265K	\$ 2418
			\$ 10260	\$ 300	
			\$ 4870	\$ 310	
			\$ 4850	\$ 175	

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) 6/16/08

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)

Jason Jones